

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation  
Against:**

**ELLIOTT ALLEN MELTZER, M.D.**

**Case No. 800-2015-011782**

**Physician's and Surgeon's  
Certificate No. C39403**

**Respondent**

**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on February 22, 2019.**

**IT IS SO ORDERED: January 23, 2019.**

**MEDICAL BOARD OF CALIFORNIA**



**Kristina Lawson, JD, Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 E. A. JONES III  
Supervising Deputy Attorney General  
3 EDWARD KIM  
Deputy Attorney General  
4 State Bar No. 195729  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6000  
Facsimile: (213) 897-9395  
7 *Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 **ELLIOTT ALLEN MELTZER, M.D.**

13 **Physician's and Surgeon's**  
14 **Certificate No. C 39403,**

15 Respondent.

Case No. 800-2015-011782

OAH No. 2018040161

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

16 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
17 entitled proceedings that the following matters are true:

18 **PARTIES**

19 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
20 of California (Board). She brought this action solely in her official capacity and is represented in  
21 this matter by Xavier Becerra, Attorney General of the State of California, by Edward Kim,  
22 Deputy Attorney General.

23 2. Respondent ELLIOTT ALLEN MELTZER, M.D. (Respondent) is represented in this  
24 proceeding by attorney Thomas M. O'Neil, whose address is: Bonne Bridges Mueller O'Keefe &  
25 Nichols - Los Angeles, 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071.

26 3. On or about August 18, 1980, the Board issued Physician's and Surgeon's Certificate  
27 No. C 39403 to Respondent. The Physician's and Surgeon's Certificate was in full force and  
28 effect at all times relevant to the charges brought in Accusation No. 800-2015-011782, and will

1 expire on October 31, 2019, unless renewed.

2 JURISDICTION

3 4. Accusation No. 800-2015-011782 was filed before the Board, and is currently  
4 pending against Respondent. The Accusation and all other statutorily required documents were  
5 properly served on Respondent on February 12, 2018. Respondent timely filed his Notice of  
6 Defense contesting the Accusation.

7 5. A copy of Accusation No. 800-2015-011782 is attached as exhibit A and incorporated  
8 herein by reference.

9 ADVISEMENT AND WAIVERS

10 6. Respondent has carefully read, fully discussed with counsel, and understands the  
11 charges and allegations in Accusation No. 800-2015-011782. Respondent has also carefully read,  
12 fully discussed with counsel, and understands the effects of this Stipulated Settlement and  
13 Disciplinary Order.

14 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
15 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
16 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
17 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
18 documents; the right to reconsideration and court review of an adverse decision; and all other  
19 rights accorded by the California Administrative Procedure Act and other applicable laws.

20 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
21 every right set forth above.

22 CULPABILITY

23 9. Respondent understands and agrees that the charges and allegations in Accusation  
24 No. 800-2015-011782, if proven at a hearing, constitute cause for imposing discipline upon his  
25 Physician's and Surgeon's Certificate. Respondent does not contest that, at an administrative  
26 hearing, Complainant could establish a prima facie case with respect to the charges and  
27 allegations contained in Accusation No. 800-2015-011782 and that he has thereby subjected his  
28 license to disciplinary action. For the purpose of resolving the Accusation without the expense

1 and uncertainty of further proceedings, Respondent hereby gives up his right to contest the  
2 charges in the Accusation.

3 10. Respondent agrees that if he ever petitions for early termination or modification of  
4 probation, or if the Board ever petitions for revocation of probation, all of the charges and  
5 allegations contained in Accusation No. 800-2015-011782 shall be deemed true, correct and fully  
6 admitted by respondent for purposes of that proceeding or any other licensing proceeding  
7 involving respondent in the State of California.

8 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
9 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
10 Disciplinary Order below.

11 CONTINGENCY

12 12. This stipulation shall be subject to approval by the Medical Board of California.  
13 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
14 Board of California may communicate directly with the Board regarding this stipulation and  
15 settlement, without notice to or participation by Respondent or his counsel. By signing the  
16 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
17 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
18 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
19 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
20 action between the parties, and the Board shall not be disqualified from further action by having  
21 considered this matter.

22 13. The parties understand and agree that Portable Document Format (PDF) and facsimile  
23 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
24 signatures thereto, shall have the same force and effect as the originals.

25 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
26 the Board may, without further notice or formal proceeding, issue and enter the following  
27 Disciplinary Order:

28 ///

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 39403 issued  
3 to Respondent ELLIOTT ALLEN MELTZER, M.D. is revoked. However, the revocation is  
4 stayed and Respondent is placed on probation for three (3) years on the following terms and  
5 conditions.

6 1. **CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO**  
7 **RECORDS AND INVENTORIES.** Respondent shall maintain a record of all controlled  
8 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
9 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
10 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
11 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and  
12 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;  
13 and 4) the indications and diagnosis for which the controlled substances were furnished.

14 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
15 records and any inventories of controlled substances shall be available for immediate inspection  
16 and copying on the premises by the Board or its designee at all times during business hours and  
17 shall be retained for the entire term of probation.

18 2. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
19 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
20 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
21 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
22 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
23 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
24 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
25 completion of each course, the Board or its designee may administer an examination to test  
26 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
27 hours of CME of which 40 hours were in satisfaction of this condition.

28 3. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective

1 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
2 advance by the Board or its designee. Respondent shall provide the approved course provider  
3 with any information and documents that the approved course provider may deem pertinent.  
4 Respondent shall participate in and successfully complete the classroom component of the course  
5 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
6 complete any other component of the course within one (1) year of enrollment. The prescribing  
7 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
8 Medical Education (CME) requirements for renewal of licensure.

9 A prescribing practices course taken after the acts that gave rise to the charges in the  
10 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
11 or its designee, be accepted towards the fulfillment of this condition if the course would have  
12 been approved by the Board or its designee had the course been taken after the effective date of  
13 this Decision.

14 Respondent shall submit a certification of successful completion to the Board or its  
15 designee not later than 15 calendar days after successfully completing the course, or not later than  
16 15 calendar days after the effective date of the Decision, whichever is later.

17 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
18 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
19 advance by the Board or its designee. Respondent shall provide the approved course provider  
20 with any information and documents that the approved course provider may deem pertinent.  
21 Respondent shall participate in and successfully complete the classroom component of the course  
22 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
23 complete any other component of the course within one (1) year of enrollment. The medical  
24 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
25 Medical Education (CME) requirements for renewal of licensure.

26 A medical record keeping course taken after the acts that gave rise to the charges in the  
27 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
28 or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of  
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its  
4 designee not later than 15 calendar days after successfully completing the course, or not later than  
5 15 calendar days after the effective date of the Decision, whichever is later.

6 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
7 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
8 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
9 Respondent shall participate in and successfully complete that program. Respondent shall  
10 provide any information and documents that the program may deem pertinent. Respondent shall  
11 successfully complete the classroom component of the program not later than six (6) months after  
12 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
13 time specified by the program, but no later than one (1) year after attending the classroom  
14 component. The professionalism program shall be at Respondent's expense and shall be in  
15 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

16 A professionalism program taken after the acts that gave rise to the charges in the  
17 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
18 or its designee, be accepted towards the fulfillment of this condition if the program would have  
19 been approved by the Board or its designee had the program been taken after the effective date of  
20 this Decision.

21 Respondent shall submit a certification of successful completion to the Board or its  
22 designee not later than 15 calendar days after successfully completing the program or not later  
23 than 15 calendar days after the effective date of the Decision, whichever is later.

24 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
25 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
26 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
27 licenses are valid and in good standing, and who are preferably American Board of Medical  
28 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal

1 relationship with Respondent, or other relationship that could reasonably be expected to  
2 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
3 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
4 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

5 The Board or its designee shall provide the approved monitor with copies of the Decision  
6 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the  
7 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement  
8 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,  
9 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the  
10 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed  
11 statement for approval by the Board or its designee.

12 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
13 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
14 make all records available for immediate inspection and copying on the premises by the monitor  
15 at all times during business hours and shall retain the records for the entire term of probation.

16 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
17 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
18 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
19 shall cease the practice of medicine until a monitor is approved to provide monitoring  
20 responsibility.

21 The monitor shall submit a quarterly written report to the Board or its designee which  
22 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
23 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
24 safely and appropriately. It shall be the sole responsibility of Respondent to ensure that the  
25 monitor submits the quarterly written reports to the Board or its designee within 10 calendar days  
26 after the end of the preceding quarter.

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
28 such resignation or unavailability, submit to the Board or its designee, for prior approval, the



1 name and qualifications of a replacement monitor who will be assuming that responsibility within  
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
4 notification from the Board or its designee to cease the practice of medicine within three (3)  
5 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
6 replacement monitor is approved and assumes monitoring responsibility.

7 In lieu of a monitor, Respondent may participate in a professional enhancement program  
8 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
9 review, semi-annual practice assessment, and semi-annual review of professional growth and  
10 education. Respondent shall participate in the professional enhancement program at Respondent's  
11 expense during the term of probation.

12 7. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the  
13 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
14 where: 1) Respondent merely shares office space with another physician but is not affiliated for  
15 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that  
16 location.

17 If Respondent fails to establish a practice with another physician or secure employment in  
18 an appropriate practice setting within 60 calendar days of the effective date of this Decision,  
19 Respondent shall receive a notification from the Board or its designee to cease the practice of  
20 medicine within three (3) calendar days after being so notified. The Respondent shall not resume  
21 practice until an appropriate practice setting is established.

22 If, during the course of the probation, the Respondent's practice setting changes and the  
23 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent  
24 shall notify the Board or its designee within five (5) calendar days of the practice setting change.  
25 If Respondent fails to establish a practice with another physician or secure employment in an  
26 appropriate practice setting within 60 calendar days of the practice setting change, Respondent  
27 shall receive a notification from the Board or its designee to cease the practice of medicine within  
28 three (3) calendar days after being so notified. The Respondent shall not resume practice until an

appropriate practice setting is established.

8. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

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1        Place of Practice

2        Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
3 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
4 facility.

5        License Renewal

6        Respondent shall maintain a current and renewed California physician's and surgeon's  
7 license.

8        Travel or Residence Outside California

9        Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
10 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
11 (30) calendar days.

12        In the event Respondent should leave the State of California to reside or to practice,  
13 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
14 departure and return.

15        12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
16 available in person upon request for interviews either at Respondent's place of business or at the  
17 probation unit office, with or without prior notice throughout the term of probation.

18        13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
19 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
20 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
21 defined as any period of time Respondent is not practicing medicine as defined in Business and  
22 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
23 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
24 Respondent resides in California and is considered to be in non-practice, Respondent shall  
25 comply with all terms and conditions of probation. All time spent in an intensive training  
26 program which has been approved by the Board or its designee shall not be considered non-  
27 practice and does not relieve Respondent from complying with all the terms and conditions of  
28 probation. Practicing medicine in another state of the United States or Federal jurisdiction while

1 on probation with the medical licensing authority of that state or jurisdiction shall not be  
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
3 period of non-practice.

4 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
5 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
6 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
7 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
8 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

9 Respondent's period of non-practice while on probation shall not exceed two (2) years.

10 Periods of non-practice will not apply to the reduction of the probationary term.

11 Periods of non-practice for a Respondent residing outside of California will relieve  
12 Respondent of the responsibility to comply with the probationary terms and conditions with the  
13 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
14 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
15 Controlled Substances; and Biological Fluid Testing.

16 14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
17 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
18 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
19 be fully restored.

20 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
21 of probation is a violation of probation. If Respondent violates probation in any respect, the  
22 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
23 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
24 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
25 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
26 the matter is final.

27 16. LICENSE SURRENDER. Following the effective date of this Decision, if  
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

1 the terms and conditions of probation, Respondent may request to surrender his or her license.  
2 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
3 determining whether or not to grant the request, or to take any other action deemed appropriate  
4 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
5 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
6 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
7 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
8 application shall be treated as a petition for reinstatement of a revoked certificate.


9 17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
10 with probation monitoring each and every year of probation, as designated by the Board, which  
11 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
12 California and delivered to the Board or its designee no later than January 31 of each calendar  
13 year.

14 ///

ACCEPTANCE


I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas M. O'Neil. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED:

12/13/18  
ELLIOTT ALLEN MELTZER, M.D.  
Respondent

I have read and fully discussed with Respondent ELLIOTT ALLEN MELTZER, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

12/13/18  
THOMAS M. O'NEIL  
Attorney for RespondentENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated:

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
E. A. JONES III  
Supervising Deputy Attorney General

EDWARD KIM  
Deputy Attorney General  
Attorneys for Complainant

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DATED: \_\_\_\_\_

\_\_\_\_\_

ELLIOTT ALLEN MELTZER, M.D.

*Respondent*

DATED: \_\_\_\_\_

THOMAS M. O'NEIL  
*Attorney for Respondent*

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
E. A. JONES III  
Supervising Deputy Attorney General

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**Exhibit A**

**Accusation No. 800-2015-011782**



1 XAVIER BECERRA  
2 Attorney General of California  
3 E.A. JONES III  
4 Supervising Deputy Attorney General  
5 EDWARD KIM  
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7 State Bar No. 195729  
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*Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO February 12, 2018  
BY *[Signature]* ANALYST

8 BEFORE THE  
9 MEDICAL BOARD OF CALIFORNIA  
10 DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 800-2015-011782

12 ELLIOTT A. MELTZER, M.D.  
13 1850 N. Riverside Ave.,  
Rialto, CA 92376

ACCUSATION

14 Physician's and Surgeon's  
15 Certificate No. C-39403,

16 Respondent.

17 Complainant alleges:

18 PARTIES

19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
20 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
21 Affairs (Board).

22 2. On or about August 18, 1980, the Medical Board issued Physician's and Surgeon's  
23 Certificate Number C-39403 to Elliott A. Meltzer, M.D. (Respondent). The Physician's and  
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
25 herein and will expire on October 31, 2019, unless renewed.

26 JURISDICTION

27 3. This Accusation is brought before the Board, under the authority of the following  
28 laws. All section references are to the Business and Professions Code unless otherwise indicated.

1       4.     Section 2227 of the Code provides that a licensee who is found guilty under the  
2 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
3 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
4 action taken in relation to discipline as the Board deems proper.

5       5.     Section 2234 of the Code, states:

6       “The board shall take action against any licensee who is charged with unprofessional  
7 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
8 limited to, the following:

9       “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
10 violation of, or conspiring to violate any provision of this chapter.

11       “(b) Gross negligence.

12       “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
13 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
14 the applicable standard of care shall constitute repeated negligent acts.

15       “(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
16 for that negligent diagnosis of the patient shall constitute a single negligent act.

17       “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
18 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
19 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the  
20 applicable standard of care, each departure constitutes a separate and distinct breach of the  
21 standard of care.

22       “(d) Incompetence.

23       “(e) The commission of any act involving dishonesty or corruption which is substantially  
24 related to the qualifications, functions, or duties of a physician and surgeon.

25       “(f) Any action or conduct which would have warranted the denial of a certificate.

26       “(g) The practice of medicine from this state into another state or country without meeting  
27 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
28 apply to this subdivision. This subdivision shall become operative upon the implementation of the

1 proposed registration program described in Section 2052.5.

2 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
3 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
4 who is the subject of an investigation by the board.”

5 6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
6 adequate and accurate records relating to the provision of services to their patients constitutes  
7 unprofessional conduct.”

8 7. Section 725 of the Code states, in pertinent part:

9 “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering  
10 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated  
11 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of  
12 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,  
13 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language  
14 pathologist, or audiologist.”

15 8. Section 2238 of the Code states:

16 “A violation of any federal statute or federal regulation or any of the statutes or regulations  
17 of this state regulating dangerous drugs or controlled substances constitutes unprofessional  
18 conduct.”

19 9. Section 11190 of the Health and Safety Code states, in pertinent part:

20 “(a) Every practitioner, other than a pharmacist, who prescribes or administers a controlled  
21 substance classified in Schedule II shall make a record that, as to the transaction, shows all of the  
22 following:

23 “(1) The name and address of the patient.

24 “(2) The date.

25 “(3) The character, including the name and strength, and quantity of controlled substances  
26 involved.

27 “(b) The prescriber’s record shall show the pathology and purpose for which the controlled  
28 substance was administered or prescribed.”

## DEFINITIONS

1           10.       (a)     Acetaminophen is a widely used over-the-counter analgesic (pain reliever)  
2     and antipyretic (fever reducer). It is also known as paracetamol, or APAP. It is typically used for  
3     mild to moderate pain relief, such as relief of headaches. It is a major ingredient in numerous  
4     cold and flu remedies. In combination with opioid analgesics, paracetamol can also be used in  
5     the management of more severe pain such as post surgical pain and providing palliative care in  
6     advanced cancer patients. Acute overdoses of paracetamol can cause potentially fatal liver  
7     damage and, in rare individuals, a normal dose can do the same; the risk is heightened by alcohol  
8     consumption. It is sold in varying forms, including under the brand name Tylenol.

9                   (b)     Alprazolam is a benzodiazepine drug used to treat anxiety disorders, panic  
10    disorders, and anxiety caused by depression. It is sold under the brand name, Xanax. It is a  
11    dangerous drug as defined in Business and Professions code section 4022, and a schedule IV  
12    controlled substance and narcotic as defined by Health and Safety Code section 11057,  
13    subdivision (d). It has a central nervous system depressant effect and patients should be  
14    cautioned about the simultaneous ingestions of alcohol and other CNS depressant drugs during  
15    treatment with alprazolam. Addiction prone individuals (such as drug addicts or alcoholics).  
16    should be under careful surveillance when receiving alprazolam because of the predisposition of  
17    such patients to habituation and dependence.

18                  (c)     Ambien is a brand name for zolpidem, a sedative primarily used for the  
19    treatment of trouble sleeping. It has a short half-life. Its hypnotic effects are similar to those of  
20    the benzodiazepine class of drugs. It is a dangerous drug pursuant to Business and Professions  
21    Code section 4022. It is a schedule IV controlled substance and narcotic as defined by Health and  
22    Safety Code section 11057, subdivision (d)(32).

23                  (d)     Amitiza is a brand name for lubiprostone, a drug used to treat chronic  
24    constipation, or constipation caused by opioid (narcotic) pain medicine. It is dangerous drug as  
25    defined in Business and Professions code section 4022.

26                  (e)     Benzodiazepines are a class of drugs that produce central nervous system  
27    (CNS) depression. They are used therapeutically to produce sedation, induce sleep, relieve  
28

1 anxiety and muscle spasms, and to prevent seizures. They are most commonly used to treat  
2 insomnia and anxiety. There is the potential for dependence on and abuse of benzodiazepines  
3 particularly by individuals with a history of multi-substance abuse. Alprazolam (e.g., Xanax),  
4 lorazepam (e.g., Ativan), clonazepam (e.g., Klonopin), diazepam (e.g., Valium), and temazepam  
5 (e.g., Restoril) are the five most prescribed, as well as the most frequently encountered  
6 benzodiazepines on the illicit market. In general, benzodiazepines act as hypnotics in high doses,  
7 anxiolytics in moderate doses, and sedatives in low doses.

8 (f) Buprenorphine is an opioid medication used to treat opioid addiction. It is  
9 a semi-synthetic opioid derived from thebain. It is sold in its various forms under several brand  
10 names, including, Butrans, and Suboxone. Suboxone, Zubslov, and Bunavail contains both  
11 buprenorphine and the opiate antagonist naloxone. It is a Schedule V controlled substance  
12 pursuant to Health and Safety Code section 11058, subdivision (d), and a dangerous drug  
13 pursuant to Business and Professions Code section 4022.

14 (g) Butrans is a brand name for Buprenorphine.

15 (h) Clonazepam is a benzodiazepine-based sedative. It is generally used to  
16 control seizures and panic disorder. It is also sold under the brand name Klonopin. It is a  
17 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
18 (d)(7), and a dangerous drug as defined in Business and Professions Code section 4022.

19 (i) CURES is the California Utilization, Review and Evaluation System for  
20 the electronic monitoring of the prescribing and dispensing of Schedule II, III and IV controlled  
21 substances dispensed to patients in California pursuant to Health and Safety Code section 11165.  
22 The CURES database captures data from Schedule II, III and IV controlled substance  
23 prescriptions filled as submitted by pharmacies, hospitals, and dispensing physicians.

24 (j) Hydrocodone is a semisynthetic opioid analgesic similar to but more active  
25 than codeine. It is used as the bitartrate salt or polistirex complex, and as an oral analgesic and  
26 antitussive. It is marketed, in its varying forms, under a number of brand names, including  
27 Vicodin, Hycodan (or generically Hydromet), Lorcet, Lortab, Norco, and Hydrokon, among  
28 others). Hydrocodone also has a high potential for abuse. Hydrocodone is a Schedule II

1 controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(I), and  
2 a dangerous drug pursuant to Business and Professions Code section 4022.

3 (k) Klonopin a brand name for clonazepam, a benzodiazepine-based sedative.

4 (l) Lexapro is a brand name for escitalopram. It is included in the class of  
5 drugs called selective serotonin reuptake inhibitors (SSRIs). This class of drugs is used to treat  
6 depression, anxiety, and other mood disorders. It is a dangerous drug as defined in Business and  
7 Professions Code section 4022.

8 (m) Lorazepam, sold under the brand name Ativan among others, is a  
9 benzodiazepine medication. It is used to treat anxiety disorders, trouble sleeping, active seizures  
10 including status epilepticus, alcohol withdrawal, and chemotherapy induced nausea and vomiting,  
11 as well as for surgery to interfere with memory formation and to sedate those who are being  
12 mechanically ventilated. It is a Schedule IV controlled substance pursuant to Health and Safety  
13 Code section 11057, subdivision (d)(16), and a dangerous drug pursuant to Business and  
14 Professions Code section 4022.

15 (n) Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) used to  
16 relieve symptoms of arthritis (osteoarthritis, rheumatoid arthritis, or juvenile arthritis) such as  
17 inflammation, swelling, stiffness, and joint pain. It is sold under various brand names, including  
18 Aleve and Naprosyn.

19 (o) Norco is a brand name for acetaminophen and hydrocodone. Other brand  
20 names include, Hycet, Lorcet, Lorcet Plus, Lortab, Maxidone, Norco, Vicodin, Vicodin ES,  
21 Vicodin HP, Zamicet, and Zydone.

22 (p) Oxycodone is an opioid analgesic medication synthesized from thebaine. It  
23 is a semi-synthetic narcotic analgesic with multiple actions quantitatively similar to those of  
24 morphine. It is generally used as an analgesic, but it also has a high potential for abuse.  
25 Repeated administration of oxycodone may result in psychic and physical dependence.  
26 Oxycodone is commonly prescribed for moderate to severe chronic pain. It is sold in its various  
27 forms under several brand name, including OxyContin (a time-release formula) and Roxicodone.  
28 Oxycodone is also available in combination with acetaminophen (Endocet, Percocet, Roxicet,

1 Tylox, others); aspirin (Endodan, Percodan, Roxiprin, others); and ibuprofen (Combunox). It is a  
2 Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision  
3 (b)(1)(M), and a dangerous drug as defined in Business and Professions Code section 4022.

4 (q) OxyContin is a brand name for Oxycodone.

5 (r) Phentermine is a stimulant similar to an amphetamine. It acts as an  
6 appetite suppressant by affecting the central nervous system. It is used medically as an appetite  
7 suppressant for short term use, as an adjunct to exercise and reducing calorie intake. It is a  
8 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
9 (b)(f)(4), and a dangerous drug pursuant to Business and Professions Code section 4022.

10 (s) Robaxin is a trade name for methocarbamol, a central muscle relaxant used  
11 to treat skeletal muscle spasms. It is a dangerous drug pursuant to Business and Professions Code  
12 section 4022.

13 (t) Ryzolt is a trade name for tramadol hydrochloride.

14 (u) Soma is a trade name for carisoprodol. It is a muscle-relaxant and sedative.  
15 It is a Schedule IV controlled substance pursuant to federal Controlled Substances Act, and a  
16 dangerous drug pursuant to Business and Professions Code section 4022.

17 (v) Topamax is a brand name for topiramate, an anticonvulsant (antiepilepsy)  
18 drug. It is a dangerous drug pursuant to Business and Professions Code section 4022.

19 (w) Tramadol is a synthetic pain medication used to treat moderate to  
20 moderately severe pain. The extended-release or long-acting tablets are used for chronic ongoing  
21 pain. Tramadol is sold under various brand names, including, Ultram. It is a Schedule IV  
22 controlled substance pursuant to federal Controlled Substances Act, and a dangerous drug  
23 pursuant to Business and Professions Code section 4022.

24 (x) Trazodone is an antidepressant medication. It is used to treat major  
25 depressive disorder, anxiety disorders, and in addition to other treatment, alcohol dependence. It  
26 is dangerous drug as defined in Business and Professions code section 4022.

27 (y) Vicodin is a trade name for a combinations drug, namely,  
28 hydrocodone/paracetamol; also known as hydrocodone/acetaminophen or hydrocodone/APAP.

1  
2 **FIRST CAUSE FOR DISCIPLINE**

3 **(Repeated Negligent Acts; Excessive Prescribing)**

4 11. Respondent is subject to disciplinary action under sections 725, 2234, subdivision (c),  
5 in that he committed repeated negligent acts in the care and treatment of three patients. The  
6 circumstances are as follows:

7 **Patient A<sup>1</sup>**

8 12. Respondent began seeing Patient A in the 1980s and continued to see the patient as  
9 her primary care physician on a regular basis for chronic pain. On or about March 22, 2011,  
10 Respondent saw Patient A, a 56-year-old female, who presented with musculoskeletal pain. He  
11 noted that her problem was improving, was located in her left shoulder and the pain radiated to  
12 the left arm. There was no injury. He prescribed or continued to prescribe to her several  
13 medications, including, phentermine HCL 37.5, 30 mg; Vicodin ES, 7.5-750 mg; Robaxin, 750  
14 750 mg; Ryzolt 300 Mg; Klonopin, 0.5 mg.

15 13. Respondent continued to see Patient A through 2017, and continued to prescribe  
16 controlled substances and other dangerous drugs to her on a recurring basis. Over time, Patient A  
17 was noted to have degenerative osteoarthritis of the cervical and lumbar spine with chronic  
18 radicular pain. During his treatment of Patient A, Respondent prescribed to her several dangerous  
19 drugs, including, Norco, tramadol, Lorazepam, Ambien, and Phentermine, as well as Lexapro,  
20 Topamax, and Naproxyn. During his interview with a Board investigator, Respondent explained  
21 he used many controlled medications in his care of this patient.

22 14. Respondent's records for Patient A contained a note by another doctor, dated  
23 December 21, 2014, which stated that, the "patient appeared to be desperate about tramadol" and  
24 it was very obvious to that doctor that based on her behavior "she was dependent on tramadol."  
25 He stated that the patient "was persistent even when [the doctor] confronted her about her  
26 dependency or addiction" and that the "patient was aware that she was depending on it and this

27 <sup>1</sup> The patients' names are anonymized to address privacy. The identity of the patients is  
28 known to the Respondent and will be further provided in response to a Request for Discovery.



1 was more than she can handle as far as her addiction.” She also stated that she was “seeing her  
2 primary care provider, which according to the patient, has not done ‘anything for her,’ [namely,  
3 no ortho consult, no pain management specialist, no MRI according to the patient.” The doctor  
4 also wrote that he “let her know that [he] looked at her CURES activity report and she is  
5 definitely having polydrug abuse.”

6 15. From on or about February 18, 2011 and thereafter, Respondent committed the  
7 following acts and/or omissions, each of which individually, collectively, or in any combination  
8 thereof, constitutes a departure from the standard of care: Respondent negligently, with respect to  
9 Patient A:

- 10 (a) provided excessive amounts of controlled substances over the years;
- 11 (b) failed to adequately obtain and update, pain contracts;
- 12 (c) failed to adequately check the CURES database to verify whether Patient A was  
13 receiving controlled medications from other sources;
- 14 (d) failed to adequately perform drug screens to test for diversion of controlled  
15 substances;
- 16 (e) failed to adequately consider and/or perform diagnostic studies (such as MRI  
17 imaging of the spine) and/or order referrals to specialists (such as pain management experts) to  
18 reassess Patient A’s ongoing chronic pain; and
- 19 (f) failed to adequately and accurately document his care for Patient A including why  
20 he continued to prescribed the multiple drugs he prescribed for Patient A and/or why he did not  
21 take any action required by the standard of care.

22 Patient B

23 16. Respondent began seeing Patient B in 2010 for chronic back pain with history of  
24 scoliosis, depression, constipation and smoking. On or about May 12, 2010, Respondent saw  
25 Patient B, a 57-year-old female who presented for a two-month follow-up visit, with complaints  
26 of constipation and depression.

27 17. Respondent continued to see Patient B over time through on or about July 21, 2014.  
28 During this period, Respondent regularly prescribed to Patient B: Soma, OxyContin, tramadol,

1 Butrans patch, Norco, Tylenol with codeine, and trazadone, among other drugs. During his  
2 interview with a Board investigator, Respondent explained he used many controlled medications  
3 in his care of this patient.

4 18. From on or about February 18, 2011 and thereafter, Respondent committed the  
5 following acts and/or omissions, each of which individually, collectively, or in any combination  
6 thereof, constitutes a departure from the standard of care: Respondent negligently, with respect to  
7 Patient B:

- 8 (a) provided excessive amounts of controlled substances over the years;
- 9 (b) failed to adequately obtain and update, pain contracts;
- 10 (c) failed to adequately check the CURES database to verify whether Patient B was  
11 receiving controlled medications from other sources;
- 12 (d) failed to adequately perform drug screens to test for diversion of controlled  
13 substances;
- 14 (e) failed to adequately consider and/or perform diagnostic studies and/or order  
15 referrals to specialists (such as pain management experts) to reassess Patient B's ongoing chronic  
16 pain; and
- 17 (f) failed to adequately and accurately document his care for Patient B including why  
18 he continued to prescribed the multiple drugs he prescribed for Patient B and/or why he did not  
19 take any action required by the standard of care.

20 Patient C

21 19. Respondent began seeing Patient C in 2000 for Crohn's disease with a history of  
22 cardiovascular disease, hypothyroidism, insomnia, depression and chronic anxiety syndrome. On  
23 or about February 4, 2009, Patient C, an elderly, 72-year-old male, presented to Respondent with  
24 a chief complaint of on-going dizziness.

25 20. Respondent continued to see this patient over time and regularly prescribed  
26 Clonazepam, zolpidem, and Amitiza to him. Respondent also prescribed antidepressants to the  
27 patient, but he could not tolerate them, and they did not help to relieve the patient's chronic  
28 anxiety symptoms.

1        21. Respondent failed to adequately evaluate the patient and/or document his thought  
2 processes behind his care for this patient, including, when he continued to prescribe  
3 benzodiazepines and other drugs to this elderly patient, despite the dangers that they could cause  
4 for the patient, including becoming dizzy and falling. Respondent also failed to coordinate care  
5 of Patient B with a mental health specialist with respect to the drugs Patient C was taking.

6        22. From on or about February 18, 2011 and thereafter, Respondent committed the  
7 following acts and/or omissions, each of which individually, collectively, or in any combination  
8 thereof, constitutes a departure from the standard of care: Respondent negligently

9            (a) addressed Patient C's chronic anxiety, including when he continuously prescribed  
10 benzodiazepines and other drugs, to Patient C; and

11           (b) failed to consult with a mental health professional to assess Patient C who was  
12 at risk of sensitivity and drug interactions with other multiple chronic medicines.

13                                    **SECOND CAUSE FOR DISCIPLINE**

14                                    **(Failure to Maintain Adequate Medical Records)**

15        23. Respondent is subject to disciplinary action under section 2266 of the Code in that  
16 Respondent failed to maintain adequate and accurate records related to the provision of medical  
17 services to patients. The circumstances are as follows:

18        24. The allegations of the First Cause for Discipline, inclusive, are incorporated herein by  
19 reference as if fully set forth.

20                                    **THIRD CAUSE FOR DISCIPLINE**

21                                    **(General Unprofessional Conduct)**

22        25. Respondent is subject to disciplinary action under section 2234, in that his action  
23 and/or in actions represent unprofessional conduct, generally. The circumstances are as follows:

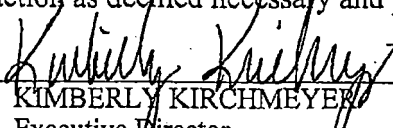
24        26. The allegations of the First and Second Causes for Discipline, inclusive, are  
25 incorporated herein by reference as if fully set forth.

26                                    **PRAYER**

27        WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
28 and that following the hearing, the Medical Board of California issue a decision:

- 1           1.    Revoking or suspending Physician's and Surgeon's Certificate Number C-39403,
- 2   issued to Elliott A. Meltzer, M.D.;
- 3           2.    Revoking, suspending or denying approval of Elliott A. Meltzer, M.D.'s authority to
- 4   supervise physician assistants and advance practice nurses;
- 5           3.    Ordering Elliott A. Meltzer, M.D., if placed on probation, to pay the Board the costs
- 6   of probation monitoring; and
- 7           4.    Taking such other and further action as deemed necessary and proper.

8   DATED: February 12, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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